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Application Number	10/752,801
Filing Date	01/07/2004
First Named Inventor	Thomas Alfred Plato
Art Unit	1615
Examiner Name	Neil Levy
Attorney Docket Number	4011.001

I hereby revoke all pro	evious powers of attorney given	I hereby revoke all previous powers of attorney given in the above-identified application.				
	ney is submitted herewith.	<u> </u>				
<i>OR</i> ✓ I hereby appoint	the practitioners associated with the	e Cust	omer N	umber:	000	059453
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATURE Of Applicant		A			
Signature	homas V. W.	2	7			
Name Thomas Affre	ed Plato		10_			
Date			elephon			
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_	e correspondence address for the a associated with umber:	above-identified application to:		
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Statement unde	SIGNATURE of Applican			
Signature	1 (1/2	<u> </u>		
Name James Clayto	on Plato			
Date		Telephone		
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signature is required, see below* *Total of 5	forms are submitted.			

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	ey is submitted herewith.				-	
<i>OR</i> ✓ I hereby appoint	the practitioners associated with th	e Custo	mer Nu	ımber:	00	0059453
	e correspondence address for the a associated with imber:	above-id	entified	l application	to:	
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	SIGNATURE of Applicant	t or Ass	ignee	of Record		
Signature	hum Scott					
Name James Scott	Plato					
Date 2/	14/06	Те	lephon	7/3	379:	70706
NOTE: Signatures of all the inversignature is required, see below	ntors or assignees of record of the entire interest of	or their repr	esentative	(s) are required.	Submit multip	le forms if more than one
	forms are submitted.	***				

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OR ✓ I hereb	oy appoint	the practitioners as	sociated with the	e Custo	omer Nu	umber:		000	0059453	
l ⊤h	•	e correspondence a associated with imber:	ddress for the a	bove-id	dentified	d applica	ation to:			· .
Firm or Individu	ial Name	Yate' K. Cutliff, Attorne	ey at Law							
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City		St. Petersburg		State	Florida			Zip	33733-5095	
Country	-	USA								
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Assig	cant/invengnee of recoment unde	tor. cord of the entire into r 37 CFR 3.73(b) is	erest. See 37 Cl	FR 3.7	1. (SB/96)					
			RE of Applicant			of Reco	rd			
Signature	5/1-	38/4								
Name	Stacy Elizab	eth Plato								
Date	2//	7/66		Te	elephon	e :	713	793	70706	
NOTE: Signatures signature is require		ntors or assignees of record	of the entire interest o	r their rep	resentative	(s) are requ	uired. Subm	nit multiple	forms if more tha	n one
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20114 10 4 00110011011	
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A Power of Atto	orney is submitted herewith.					
<i>OR</i> ✓ I hereby appoi	nt the practitioners associated with	n the Custo	omer Nu	ımber:	0000	59453
	the correspondence address for the ss associated with Number:	ne above-io	dentified	l application to:		
Firm or Individual Name	Yate' K. Cutliff, Attorney at Law					
Address	P.O. Box 15095					
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I am the: Applicant/Inv Assignee of r Statement un	record of the entire interest. See 33 der 37 CFR 3.73(b) is enclosed. (F	orm PTO/	(SB/96)			
	SIGNATURE of Applic	ant or Ass	signee	of Record		
Signature	nothy Bruce Johnson					
Name Timothy B	truce Johnson					
Date 2	-13-06		elephone	00		
NOTE: Signatures of all the ir signature is required, see bel	nventors or assignees of record of the entire interpow*.	est or their rep	resentative	(s) are required. Subm	nit multiple f	forms if more than one
✓ *Total of 5	forms are submitted.					

U.S. Application No. 10/752,801 REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF

CORRESPONDENCE ADDRESS

ATTORNEY DOCKET NO.: 4011.001

CERTIFICATE OF MAILING

hereby certify that the foregoing REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS for U.S. Application No. 10/752,801 filed January 7, 2004, signed by the Five (5) joint inventors, was deposited in first class U.S. mail, with sufficient postage, addressed: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 28th day of April, 2006.

Yaté K. Cutliff

Name of Person Signing Certification